

County: La Crosse

Facility ID: 1550

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BETHANY ST. JOSEPH CARE CENTER
2501 SHELBY ROADLA CROSSE 54601 Phone: (608) 788-5700
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/05): 172
Total Licensed Bed Capacity (12/31/05): 172
Number of Residents on 12/31/05: 165Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 165

Age, Gender, and Primary Diagnosis of Residents (12/31/05)				Length of Stay (12/31/05)	
Primary Diagnosis	%	Age Groups	%		%
Developmental Disabilities	3.0	Under 65	7.9	Less Than 1 Year	31.5
Mental Illness (Org./Psy)	12.7	65 - 74	8.5	1 - 4 Years	44.8
Mental Illness (Other)	1.8	75 - 84	33.3	More Than 4 Years	23.6
Alcohol & Other Drug Abuse	0.0	85 - 94	38.8		-----
Para-, Quadra-, Hemiplegic	1.2	95 & Over	11.5		100.0
Cancer	3.6			Full-Time Equivalent	
Fractures	12.1		100.0	Nursing Staff per 100 Residents	
Cardiovascular	26.7	65 & Over	92.1	(12/31/05)	
Cerebrovascular	6.1		-----		
Diabetes	7.3	Gender	%	RNs	11.5
Respiratory	5.5		-----	LPNs	9.4
Other Medical Conditions	20.0	Male	30.3	Nursing Assistants,	
	-----	Female	69.7	Aides, & Orderlies	
	100.0		-----		41.2
			100.0		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
			Per Diem			Per Diem			Per Diem			Per Diem			Per Diem			Per Diem	Total Resi- dents	% Of All
Level of Care	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)		
Int. Skilled Care	1	7.1	338	4	4.4	141	0	0.0	0	1	2.4	180	3	18.8	141	1	33.3	374	10	6.1
Skilled Care	13	92.9	352	83	92.2	121	0	0.0	0	41	97.6	178	13	81.3	121	2	66.7	326	152	92.1
Intermediate	---	---	---	1	1.1	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	2	2.2	450	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.2
Total	14	100.0		90	100.0		0	0.0		42	100.0		16	100.0		3	100.0		165	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05				

Percent Admissions from:		% Needing			Total	
		Activities of	%	Assistance of	% Totally	Number of
Private Home/No Home Health	7.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.1	Bathing	0.0	70.3	29.7	165
Other Nursing Homes	1.0	Dressing	9.7	64.8	25.5	165
Acute Care Hospitals	85.5	Transferring	21.2	58.8	20.0	165
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	15.8	50.9	33.3	165
Rehabilitation Hospitals	0.0	Eating	58.2	32.1	9.7	165
Other Locations	0.0	*****				
Total Number of Admissions	290	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	9.1	Receiving Respiratory Care	6.7	
Private Home/No Home Health	25.5	Occ/Freq. Incontinent of Bladder	43.0	Receiving Tracheostomy Care	2.4	
Private Home/With Home Health	23.4	Occ/Freq. Incontinent of Bowel	22.4	Receiving Suctioning	1.8	
Other Nursing Homes	7.2			Receiving Ostomy Care	2.4	
Acute Care Hospitals	12.8	Mobility		Receiving Tube Feeding	3.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.4	Receiving Mechanically Altered Diets	24.8	
Rehabilitation Hospitals	0.0					
Other Locations	0.3	Skin Care		Other Resident Characteristics		
Deaths	24.5	With Pressure Sores	9.1	Have Advance Directives	76.4	
Total Number of Discharges		With Rashes	13.9	Medications		
(Including Deaths)	290			Receiving Psychoactive Drugs	60.0	
